

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	*
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TOTAL IND.	4	20	—	—	—	—	—	—	—	—
TOTAL DEP.	20	24	—	—	—	—	—	—	—	—
TOTAL CLAIMS	24	24	—	—	—	—	—	—	—	—